

JOB STATUS REPORT

TIME : 09/29/2005 11:02
 NAME : BDTECHNOLOGIES
 FAX# : 9195497572
 TEL# : 9195976102
 SER. #: BRO2J2600236

DATE, TIME	09/29 11:00
FAX NO./NAME	915712738300
DURATION	00:02:18
PAGE(S)	07
RESULT	OK
MODE	FINE ECM

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0461-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/662,640	
Filing Date	September 15, 2003	
First Named Inventor	Andrea Liebmann-Vinson et al.	
Art Unit	1639	
Examiner Name	Wessendorf, Teresa D.	
Attorney Docket Number		P-6803

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Remarks	
Reply to Restriction Requirement with Preliminary Amendment		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	BECTON, DICKINSON AND COMPANY
-----------	-------------------------------